Public Health England

Protecting and improving the nation's health

Screening Quality Assurance visit report

NHS Diabetic Eye Screening Service North Nottinghamshire

19 September 2019

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About PHE screening

Screening identifies apparently healthy people who may be at increased risk of a disease or condition, enabling earlier treatment or informed decisions. National population screening programmes are implemented in the NHS on the advice of the UK National Screening Committee (UK NSC), which makes independent, evidence-based recommendations to ministers in the 4 UK countries. PHE advises the government and the NHS so England has safe, high quality screening programmes that reflect the best available evidence and the UK NSC recommendations. PHE also develops standards and provides specific services that help the local NHS implement and run screening services consistently across the country.

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Executive summary

The NHS Diabetic Eye Screening Programme aims to reduce the risk of sight loss among people with diabetes by the prompt identification and effective treatment of sight-threatening diabetic retinopathy, at the appropriate stage of the disease process.

The findings in this report relate to the quality assurance visit of the North Nottinghamshire screening service held on 19 September 2019.

Quality assurance purpose and approach

Quality assurance (QA) aims to maintain national standards and promote continuous improvement in diabetic eye screening (DES). This is to ensure all eligible people have access to a consistent high-quality service wherever they live.

QA visits are carried out by the PHE screening quality assurance service (SQAS).

The evidence for this report comes from:

- routine monitoring data collected by the NHS screening programmes
- data and reports from external organisations
- evidence submitted by the provider(s), commissioner and external organisations
- information collected during pre-review visits to on 25 July 2019 and 31 July 2019
- information shared with the Midlands and East regional SQAS as part of the visit process

Local screening service

The North Nottinghamshire diabetic eye screening service delivers screening to an eligible population of approximately 21,000. The service is provided by Sherwood Forest Hospitals NHS Foundation Trust and is commissioned by NHS England and NHS Improvement Midlands through the North Midlands screening and immunisation team.

The service delivers screening for 41 GP practices in the northern half of Nottinghamshire County Council which is largely co-terminus with 2 clinical commissioning groups: Newark and Sherwood, and Mansfield and Ashfield. One GP practice within Nottingham North and East clinical commissioning groups is covered by the service. The southern half of Nottinghamshire County Council is covered by the Greater Nottinghamshire Diabetic Eye Screening service**.**

The North Nottinghamshire diabetic eye screening service is responsible for all elements of the diabetic eye screening pathway (including clinical leadership,

programme management, administration, fail safe, screening and grading) up to the point of referral for those found to have eye disease. The trust has service level agreements in place with high street optometrists to provide image capture across 16 sites.12 individual optometrists are contracted to do primary and secondary grading and 6 of these also provide slit lamp bio-microscopy. Arbitration grading is undertaken by a lead optometrist contracted to Sherwood Forest Hospitals NHS Foundation Trust. Arbitration and referral outcome grading is completed by 2 ophthalmologists employed within Sherwood Forest Hospitals NHS Foundation Trust (1 of which is the clinical lead).

Referrals for consultation and treatment to hospital eye services are within Sherwood Forest Hospitals NHS Foundation Trust at either of 2 locations, King's Mill or Newark hospitals.

There are no prisons or long-term mental health institutions within the service boundary.

The geography of the area covered by the service is mixed. Ashfield and Mansfield are classed as urban areas and Newark and Sherwood are classified as largely rural[1].

Deprivation levels in Nottinghamshire are overall comparable with England (21.8%). However, within Nottinghamshire there are communities with both some of the highest and lowest levels of deprivation in the country. The most deprived areas include Mansfield (27.8%) and Ashfield (25.4%) which as a clinical commissioning group has the third most deprived population in the North Midlands region (out of 18). Newark and Sherwood are rated 9th (18.8%)[2]. People living within the more deprived areas of Nottinghamshire have higher levels of unemployment, lower levels of qualifications, less healthy lifestyle choices and poorer health and wellbeing outcomes[3]. The main pockets of deprivation are in the ex-mining areas of Ashfield and Mansfield.

The population of Newark and Sherwood clinical commissioning group and Mansfield and Ashfield clinical commissioning group is mainly white British (97%) with a growing population of migrants from Eastern Europe and small numbers of Asian and Black people. Across Nottinghamshire life expectancy varies by nine years in males and eight years in females[2].

The prevalence of diabetes is 7.6% in Mansfield and Ashfield, and 7.2% in Newark and Sherwood, which is broadly in line with the national average of 7.4%[2].

Findings

The service demonstrates excellent overall performance having met the acceptable standard for all national pathway standards and have already met or are working towards meeting the achievable thresholds. Uptake has increased by 3% within the past 12

months reflecting the implementation of a range of service improvements. The service demonstrated strong clinical and programme leadership and a willingness to continue development and improvement initiatives. It was evidenced to the visit team that the screening team are dedicated and motivated to provide a high-quality service and care about the needs of the service users, not just as a population but also as individuals.

Immediate concerns

The quality assurance visit team identified no immediate concerns.

High priority

The quality assurance visit team identified no high-priority findings.

Key themes for recommendations were identified as:

- resolving an IT issue to make sure virtual private networks can be used with the latest Windows software
- providing consistent communications at screening appointments regarding future appointments and driving
- and making sure sub-contracts are signed in a timely manner

Shared learning

The quality assurance visit team identified several areas of practice for sharing, including:

- strong ethos of reflective learning and feedback for all service staff
- development of an online administration training package
- use of coloured paper for reminder invitations
- phone call reminders to those who have not responded to open invitations in the surveillance pathways
- development of resources for care homes
- support for those identified with learning disabilities that require additional assistance in attending
- use of mapping to show accessibility, uptake rates and deprivation on a geographical basis
- comprehensive suite of detailed standard operating procedures and meticulous fail-safe processes for all pathways
- clear resilience arrangements in place to allow cross cover for administration, fail-safe and ophthalmology in times of planned and unplanned absence
- quarterly ‘deep dive’ reports on a specific screening or immunisation topic which are presented to the Nottingham Health Protection Strategy Group within the local authority

Recommendations

The following recommendations are for the provider to action unless otherwise stated.

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	Screening and immunisation team to Include a list of the stakeholder organisations who must be represented at programme board meetings in terms of reference	Service Specification[i]	3 months	Standard	Terms of reference shared with programme board
2	Screening and immunisation team to share the new NHS England and NHE Improvement governance structure with the programme board when available	Section 7a agreement[ii]	12 months	Standard	Structure shared with programme board
3	Evaluate all options to increase uptake in any groups identified through the health inequalities strategy work (recommendation 0.5)	Service Specification[iii]	12 months	Standard	Proposal/business case shared with programme board
4	Contracts between Sherwood Forest Hospitals NHS Foundation Trust and optometrist practices should be finalised and signed	Service Specification[iv]	3 months	Standard	Confirmation of all signed contracts reported to programme board

No.	Recommendation	Reference	Timescale	Priority	Evidence required
5	Develop a joint NHS England and NHS Improvement provider health inequalities strategy and action plan to consolidate, develop and monitor new projects	Guidance for NHS commissioners on equality and health inequalities[v] NHS Accessible Information standard and specification[vi]	6 months	Standard	Strategy signed off at programme board
6	Create a central register of audit findings and recommendations, and complete audit cycle	Diabetic eye screening audit schedule[vii]	6 months	Standard	Outcomes spreadsheet presented to programme board
7	Complete development of website for service user access	Service Specification[viii] NHS guidance and framework[ix]	12 months	Standard	Website available to the public

Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
8	Confirm that the privacy offered at all screening sites is in line with Sherwood Forest Hospitals NHS Foundation Trust information governance guidelines	Trust policy	6 months	Standard	Mitigations evidenced within site survey reports Compliance confirmed at programme board
9	Make sure virtual private networks are compatible with Windows 10 software	Trust data security policy	3 months	Standard	Confirmation that data transfer is working to programme board

Identification of cohort

No.	Recommendation	Reference	Timescale	Priority	Evidence required
10	Implement a process for the complete upload of the GP2DRS cohort for all GPs in a single import	Service Specification[x]	6 months	Standard	Review of standard operating procedure and confirmation of change reported to programme board
11	Complete the review of mental health units within the service boundary to make sure no vulnerable patient cohorts are being missed	Service Specification[xi]	6 months	Standard	Outcomes of review reported to programme board

Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority	Evidence required
12	Review invitation letters to make sure the key message regarding driving is clear	DESP guidance for patients who drive to appointments[xii]	6 months	Standard	Review of letter template shared with programme board

The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority	Evidence required
13	Make sure that national guidance for individuals who drive to appointments[xiii] is followed	DESP guidance for patients who drive to appointments [xiv]	6 months	Standard	Topic on agenda for optometrist training session. Evidence of compliance from site visits brought to programme board
14	Make sure hand/equipment hygiene training for community optometrists is in line with Sherwood Forest Hospitals NHS Foundation Trust policy	Trust hand hygiene policy	6 months	Standard	Topic on agenda for optometrist training session. Standard operating procedure reviewed. Evidence of compliance from brought to programme board
15	Make sure advice given at the end of a screening appointment explains that the results letter will include information on when they will next be invited	Diabetic eye screening care pathway[xv]	3 months	Standard	Topic on agenda for optometrist training session. Evidence of compliance from site visits brought to programme board

Referral

No.	Recommendation	Reference	Timescale	Priority	Evidence required
16	Investigate if direct referrals could be made to neighbouring hospital eye services	Best practice	6 months	Standard	Standard operating procedure brought to programme board

Next steps

The screening service provider is responsible for developing an action plan in collaboration with the commissioners to complete the recommendations contained within this report.

SQAS will work with commissioners to monitor activity and progress in response to the recommendations made for a period of 12 months after the report is published. After this point SQAS will send a letter to the provider and the commissioners summarising the progress made and will outline any further action(s) needed.